

2023 Health, Dental, Vision and Accident Plan Premiums

(Effective January 1, 2023)



| Non-High Deductible Health Plans | Single (monthly) | Single (biweekly) | Family (monthly) | Family (biweekly) |
|---|-------------------------|--------------------------|-------------------------|--------------------------|
| IYC Plan with Dental | \$104.00 | \$52.00 | \$257.00 | \$128.50 |
| IYC Plan without Dental | \$100.00 | \$50.00 | \$248.00 | \$124.00 |
| Access with Dental | \$245.00 | \$122.50 | \$608.00 | \$304.00 |
| Access without Dental | \$241.00 | \$120.50 | \$599.00 | \$299.50 |
| Access with Dental (required to work out of state) | \$158.00 | \$79.00 | \$396.00 | \$198.00 |
| Access without Dental (required to work out of state) | \$154.00 | \$77.00 | \$387.00 | \$193.50 |

| High Deductible Health Plans | Single (monthly) | Single (biweekly) | Family (monthly) | Family (biweekly) |
|--|-------------------------|--------------------------|-------------------------|--------------------------|
| HDHP Plan with Dental | \$39.00 | \$19.50 | \$96.00 | \$48.00 |
| HDHP Plan without Dental | \$35.00 | \$17.50 | \$87.00 | \$43.50 |
| HDHP Access with Dental | \$180.00 | \$90.00 | \$447.00 | \$223.50 |
| HDHP Access without Dental | \$176.00 | \$88.00 | \$438.00 | \$219.00 |
| HDHP Access with Dental (required to work out of state) | \$93.00 | \$46.50 | \$235.00 | \$117.50 |
| HDHP Access without Dental (required to work out of state) | \$89.00 | \$44.50 | \$226.00 | \$113.00 |

| 2023 Premiums | Employee (monthly) | Employee (biweekly) | Employee + Spouse (monthly) | Employee + Spouse (biweekly) | Employee + Child(ren) (monthly) | Employee + Child(ren) (biweekly) | Family (monthly) | Family (biweekly) |
|---------------------------------------|---------------------------|----------------------------|------------------------------------|-------------------------------------|--|---|-------------------------|--------------------------|
| Delta Dental PPO – Select Plan | \$9.76 | \$4.88 | \$19.52 | \$9.76 | \$13.16 | \$6.58 | \$23.40 | \$11.70 |
| Delta Dental PPO – Select Plus Plan | \$20.98 | \$10.49 | \$41.96 | \$20.98 | \$38.96 | \$19.48 | \$64.28 | \$32.14 |
| Delta Dental – Preventive (no health) | \$34.72 | \$17.36 | n/a | n/a | n/a | n/a | \$86.80 | \$43.40 |
| DeltaVision | \$5.72 | \$2.86 | \$11.42 | \$5.71 | \$12.88 | \$6.44 | \$20.58 | \$10.29 |
| Accident Plan | \$4.38 | \$2.19 | \$6.26 | \$3.13 | \$8.44 | \$4.22 | \$12.32 | \$6.16 |